

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS AND BENEFITS
PO BOX 295, TRENTON, NJ 08625-0295

APPLICATION FOR INTERFUND TRANSFER

This application must be completed by you and your former employer. This application must be filed with a new Enrollment Application for the Retirement System to which you are transferring unless you are already enrolled in that second system. Members transferring from PERS to TPAF or from TPAF to PERS cannot transfer more than three years of service in one retirement system that occurred during the same time as your membership in the other retirement system. All other members cannot transfer any service in one retirement system that occurred during the same time as your membership in the other retirement system.

- PART 1 — Check one:** ☐ Transfer to Teachers' Pension and Annuity Fund ☐ Transfer to State Police Retirement System
☐ Transfer to Public Employees' Retirement System ☐ Transfer to Judicial Retirement System
☐ Transfer to Police and Firemen's Retirement System

1. Print Full Name _____ 2. Membership No. _____
3. Address _____
STREET CITY STATE ZIP CODE
4. Currently a member of the _____
NAME OF RETIREMENT SYSTEM
5. Resigned, Was dismissed, _____ from my position as _____
CIRCLE ONE OTHER TITLE OF POSITION
6. Date of termination (MM/DD/YY) _____
7. **NEW EMPLOYER** _____
NEW EMPLOYER NAME COUNTY
8. I hereby apply for the transfer of my membership to the retirement system indicated above and authorize payment of the withdrawal value of my account to be made to that system subject to the statutes, rules and regulations of that system. **I understand that once my Application for Interfund Transfer is submitted to the Division of Pensions and Benefits, I cannot change my decision to transfer.**

Signature of Applicant _____ Date _____

PART II — CERTIFICATION OF FORMER EMPLOYING AGENCY

CERTIFYING OFFICER: In order to avoid delay in honoring this transfer, your certification will be used to calculate the payment due.

- ☐ resigned
☐ was dismissed (no appeal pending)
☐ was dismissed (appeal pending)

I hereby certify that _____
NAME OF MEMBER

from this department, agency, or school district on _____
DATE OF SEPARATION

_____ for _____. The employee's annual base salary
DATE MONTH YEAR
prior to resignation/dismissal was \$_____.

I further certify that the following deductions have been made from his/her salary during the last two quarterly periods ending with the current quarter (see QUARTERLY REPORT OF CONTRIBUTION). Bi-weekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salary projected until termination date.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS	SUPPLEMENTAL ANNUITY	
				NO. PAYMENTS	AMOUNT			% RATE	\$ AMOUNT

DATE

SIGNATURE OF CERTIFYING OFFICER OR BOARD SECRETARY

TITLE

EMPLOYING AGENCY

COUNTY

PHONE NUMBER

EXT.